2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800003440 1. Entity Name

PUGH FAMILY LIMITED LIABILITY COMPANY

FILED Jul 30, 2002 8:00 am Secretary of State 07-30-2002 90426 032 ****50.00

850-4149428

1													
Principal Pla	cipal Place of Business Mailing Addres												
C/O STORAGE INN OF PENSACOLA C/O 121 NEW WARRINGTON ROAD 121			C/O STORAGE INN OF PENSACOLA 21 NEW WARRINGTON ROAD PENSACOLA FL 32506						97	1666)		
Principal Place of Business 3. Mailing Address													
			<u> </u>			'	INDIENI DID			IC RA TENY Bib il	IIIII DALI IDDI		
Suite, Apt. #, etc. Suite, Apt. #, e				Suite, Apt. #, etc.	tc.			DO NOT WRITE IN THIS SPACE					
City & State C			City & State			4. FEI	Number	59-3552384	,		opplied For lot Applicab		
Zip		Country	Z	lip .	Cour	ntry	5. Cer	5. Certificate of Status Desired S5.00 Addition Fee Required					e
	6. Name	and Address of Curr	ent Regist	ered Agent	1	<u> </u>	7. Nan	ne and Ad	idress of New Re	gistered			
140	ים מועדמת	TOODALI ANNI		, ,		Name				giotorea	gont		\dashv
	8 PARADISE	BAY DONE		- The section of		Street: Addr	ace (PO Bein	ss (P.O. Box Number is Not Acceptable)					
	LF BREEZE f					Sileet Addin	ess (r.o. box)	vumber is	Not Acceptable)			, -, -	_[
GOI	u DiiLLZL i	L 32301					· •						ヿ
						City				FL	Zip Cod	de	\dashv
8. The above	e named entity	submits this statemen	t for the pu	rpose of changing its	registere	ed office or reg	gistered agent.	or both, ir	n the State of Flori	da. I am i	amiliar with	and accen	\dashv
uie obliga	ations of registe	ered agent.										, ш. ш. ш. сор	1
SIGNATURE	Signature, typed o	or printed name of registered ag	sent and title if	analisada (1.07									
	- 0	a printed hallo of registered ag	Jern and the in	7			quired when reinstat	ing)		DATE			╛
<i>3.</i>				FILE N	OW!!! I	FEE IS \$50.	.00	1					
				Make Check Pa	yable to	Departmei	nt of State						-
<u>'e</u>				•	Septe	mber 25, 200	02						
9.	T	MANAGING MEM	10.				ADDITIONS/C	HANGES			┪		
TITLE NAME	MGR			☐ Delete	TITLE	- 1					☐ Change	Addition	7
STREET ADDRESS	PUGH, RO				NAME	·							
CITY-ST-ZIP		ODLAND WAY				T ADDRESS							
		FORT AL 36527			CITY-	ST-ZIP		-					- []
TITLE NAME	MGRM	D DD/441		☐ Delete	TITLE	I					Change	☐ Addition	7
STREET ADDRESS	MCARTHU				NAME								
CITY-ST-ZIP		ADISE BAY DR				T ADDRESS							
	,	EZE FL 32561			CITY-	ST-ZIP							ĺ
TITLE NAME	MGRM	******		☐ Delete	TITLE						☐ Change	· 🔲 Addition	7
STREET ADDRESS	LABRATO,				NAME								
CITY-ST-ZIP		ADISE BAY DR				T ADDRESS							
TITLE ======	-MGRM	EZE FL 32561			-	ST-ZIP							1
NAME	PUGH, JAN			- 🗆 Delete 👊	- TITLE	· · · · · · · · · · · · · · · · · · ·	رازا ليتمركب				Change	Addition	
STREET ADDRESS		FOREST DR			NAME	I							
CITY-ST-ZIP	1	A FL 32526			CITY-	T ADDRESS							
TITLE	MGRM	LA FL 32320			-	51-ZIF							_
NAME I	PUGH, JOY	/CE A		☐ Delete	TITLE						☐ Change	☐ Addition	1
STREET ADDRESS	,	FOREST DR			NAME	ADDDECC							
CITY-ST-ZIP		A FL 32526			CITY-S	ADDRESS							
TITLE	MGRM	₩ L 95950				01-215							1
NAME .	PUGH, JAN	AES D III		Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS					NAME	ADDRESO							
CITY-ST-ZIP	JI 10 DAT FUNEST UN					ADDRESS							
	LEMOUCUL	A FL 32326			CITY-S	1-211							1

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.